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CAMELFORD RURAL DISTRICT COUNCIL

A N N U A L R E P O R T

of the

MEDICAL OFFICER OF HEALTH

for the year

1 9 5 8

Health Area Office,  
LAUNCESTON.  
Cornwall.

WILLIAM PATERSON, M.B., Ch.B., D.P.H.  
Medical Officer of Health



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CAMELFORD RURAL DISTRICT COUNCIL

Members of the Public Health Committee 1958.

Cllr. J. A. M. Kent - Chairman

Cllr. F. J. W. Whiting - Vice-Chairman

Cllr. P. W. M. Banbury

Cllr. G. A. Iles

" W. Boney

" S. C. Langdon

" H. Bray

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" J. W. P. Coggin

" J. Matthews

" J. R. Collett

" M. Olde

" W. Colwill

" W. E. Parsons

" E. Dennis

" K. A. Sprayson

" E. R. Elson

" Mrs. J. M. Symons

" W. H. Flower

" T. B. Wakeham

" C. C. H. Greaves

" J. Ward

" W. J. Harris

" W. Ward

" H. C. Hawken

" Mrs. J. B. Whitehouse

" F. Heard

" A. D. Wroth

" M. H. Hicks

" W. H. Venning

" W. T. Hilton

Public Health Officers of the Local Authority:

Medical Officer of Health: W. Paterson, M.B., Ch.B., D.P.H.

also holds appointments of:

Medical Officer of Health - Launceston Rural District Council  
Launceston Borough Council  
Bude/Stratton Urban District Council  
Stratton Rural District Council

Assistant County Medical Officer: Area 6 Cornwall County Council

School Medical Officer: Cornwall County Council

Public Health Inspector:

R. R. Haylett, M.R.S.H., M.A.P.H.I.

# SUMMARY OF VITAL STATISTICS

Area (in acres)	52,544
Population	7,220
No. of separate Dwellings occupied	2,540
Rateable Value 1958	£54,397
Product of ld. rate	£210 Estimate

<u>Live Births</u>	<u>Total</u>	<u>Male</u>	<u>Female</u>	<u>Rate per 1,000 estimated population</u>
Legitimate	99	55	44	14.54
Illegitimate	6	4	2	

Stillbirths                      -                      -                      -

Deaths (all causes)

105	52	53	14.54
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Deaths from:    Puerperal Causes - NIL  
                      Puerperal and post abortive - NIL  
                      Sepsis - NIL  
                      Other Puerperal Causes - NIL

Infant Mortality (Deaths under 1 year per 1,000 live births)

7	4	3	66.66
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	<u>Male</u>	<u>Female</u>	<u>Total</u>
Deaths from Cancer (all ages)	10	17	27
Measles (all ages)			NIL
Whooping Cough (all ages)			NIL
Diarrhoea (under 2 years)			NIL

To the Chairman and Councillors of the Rural  
District of Camelford

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the Annual Report of the Medical Officer of Health on the health and sanitary circumstances of the Rural District for the year 1958.

The number of births and the number of deaths were greater than in the previous year, and exactly balanced one another. Heart disease in all its forms was once again the most common cause of death, followed once more by cancer and vascular lesions of the nervous system, in that order. No stillbirths were recorded, but the number of infant deaths was seven, compared with one in 1957. Six of these deaths occurred in the neonatal period, that is, within the first month of life.

The incidence of notifiable infectious disease was low. There was one case of paralytic poliomyelitis in the second quarter of the year. Vaccination against this disease continued, with further extensions of the scheme.

In the sanitary circumstances of the District, the year was one of steady application to routine duties. Stage I of the scheme for the reconstruction and modernisation of the Camelford sewerage system was completed and the plans for the remainder of the scheme were well in hand.

I should like to express my thanks to Mr. Haylett, the Council's Surveyor and Public Health Inspector, for his valuable assistance in the preparation of this report and in all aspects of our work together. To Mr. Hawkey, the Clerk of the Council, and his staff, I am indebted for much help and I am glad to continue the record of my appreciation of the co-operation of the General Medical Practitioners of the district.

It is a pleasure, once again, to acknowledge the Council's constant encouragement and support.

I have the honour to be,

Your obedient Servant,

WILLIAM PATERSON

Medical Officer of Health



## NATURAL AND SOCIAL CONDITIONS

Area (in acres) 52,544. Camelford Rural District is the country from Delabole Point in Port Isaac Bay to Strangles Beach, north of Boscastle, inland to St. Clether and south to St. Breward, and consists for the most part of three plateaux 400 ft. 700 ft. and 1,100 ft. above sea level.

The geology of the District is very complex, due to much faulting and over-thrusting. The rocks in the area west of the River Camel are Upper Devonian, and it is in these beds that the famous Delabole Slate has been quarried for several centuries. Along the northern boundary running east to west is Davidstow anti-cline, the northern flank of which disappears under the culm measures near Boscastle.

The beds in the anti-cline can be seen in the Tintagel Cliff Sections, black shales, slates and volcanics are well exposed. East of the River Camel is the granite mass of Bodmin Moor and at St. Breward a fine silver-grey granite of the highest quality is quarried.

Population - The Registrar General has estimated the population for the mid-year 1958 to be 7,220, a decrease of 40 in the population for the previous year.

Deaths. The total number of deaths assigned to the District for the year was 105 compared with 77 in 1957. The crude death rate based on the mid-year population was 14.54 compared with 10.66 in the previous year.

The following table has been compiled for comparison with previous years:

<u>Year</u>	<u>Total</u>	<u>Male</u>	<u>Female</u>	<u>Recorded Rate</u>
1954	87	43	44	11.78
1955	101	51	50	13.76
1956	90	53	37	12.33
1957	77	43	34	10.66
1958	105	52	53	14.54

In order to compare the mortality in the District with the mortality for England and Wales, it is necessary to make a correction to allow for the difference in age and sex distribution of the two populations. This is done by applying to the crude death rate of the District, an "Area Comparability Factor" which has been estimated by the Registrar General as .90 for the District.

The Standardised Death Rate, therefore, is 13.086 which may be compared with that of 11.5 for England and Wales

Births - The number of live births assigned to this District was 105 compared with 94 in 1957. The rate per thousand of the population was 14.54. When the Registrar General's Area Comparability Factor for births (1.13) is applied to this figure, the Standardised Birth Rate of 16.43 for this District compares with 16.4 for England and Wales.

Stillbirths - There were no stillbirths during 1958.

Illegitimate Births - There were 6 illegitimate births assigned to the District during the year, 4 male and 2 female, compared with 2 in 1957. Shown as a proportion of the total number of live births, this represents 5.71 per cent.

Maternal Mortality. No case of death during pregnancy was recorded.

Infant Mortality. Seven infants, four boys and three girls, died in the first year of life. The causes of death were as follows :-

	<u>Sex</u>	<u>Age</u>	<u>Cause of Death</u>
1)	M	2 hours	Congenital Heart Disease
2)	M	4 days	Intra-cranial haemorrhage
3)	M	3 days	Asphyxia due to pulmonary atelectasis
4)	M	1 day	Prematurity
5)	F	1 day	Prematurity
6)	F	4 hours	Prematurity
7)	F	3 months	Acute bronchiolitis

It will be seen that six of these deaths occurred in the neonatal period, i.e. within the first month of life. In recent years, because of their close association, it has become customary to link stillbirths and early neonatal deaths in one mortality group, which has been given the name perinatal mortality. These six deaths come within this group. While there has been a steady improvement in the general infant mortality rate since the beginning of the century, the percentage of perinatal deaths does not vary much from year to year. Many of these deaths are due to prematurity, developmental abnormalities and other causes arising before or during birth, and this is exemplified by the group above. Until the causes of these conditions are known and means of prevention established, little significant improvement in this group is to be expected. This must not be thought to belittle what has been done in the way of treatment. For example, the skill and knowledge of modern paediatric physicians and nurses, and the equipment of up-to-date premature baby units, has achieved miracles in saving the lives of premature infants. It is a fact, however, that the thread of life for a premature baby of low birth weight is slender, and his chance of survival, if less than  $4\frac{1}{2}$  lbs. at birth, is small, even with all present-day resources. A national survey of perinatal mortality, undertaken during 1958, may be an important step towards the solution of the problem.

NOTE: Vital Statistics. It is important that too much weight should not be attached to small variations in these rates from one year to the other, particularly where relatively small populations are involved - attention should rather be paid to the trend of these rates over a period of years.



MORTALITY TABLE

<u>Cause of Death</u>		<u>Male</u>	<u>Female</u>	<u>Total</u>
1.	Tuberculosis, respiratory	1	-	1
2.	Tuberculosis, other	-	-	-
3.	Syphilitic disease	-	-	-
4.	Diphtheria	-	-	-
5.	Whooping Cough	-	-	-
6.	Meningococcal infection	-	-	-
7.	Acute Poliomyelitis	-	-	-
8.	Measles	-	-	-
9.	Other infective and parasitic diseases	-	1	1
10.	Malignant neoplasm, stomach	2	3	5
11.	Malignant neoplasm, lungs, bronchus	2	-	2
12.	Malignant neoplasm, breast	-	1	1
13.	Malignant neoplasm, uterus	-	-	-
14.	Other malignant and lymphatic neoplasms	6	13	19
15.	Leukæmia, aleukaemia	-	-	-
16.	Diabetes	-	-	-
17.	Vascular lesions of the nervous system	4	7	11
18.	Coronary disease, angina	7	4	11
19.	Hypertension with heart disease	-	-	-
20.	Other heart disease	14	12	26
21.	Other circulatory disease	-	-	-
22.	Influenza	-	1	1
23.	Pneumonia	1	2	3
24.	Bronchitis	-	1	1
25.	Other diseases of respiratory system	1	-	1
26.	Ulcer of stomach and duodenum	-	-	-
27.	Gastritis, enteritis and diarrhoea	-	-	-
28.	Nephritis and nephrosis	2	-	2
29.	Hyperplasia of prostate	1	-	1
30.	Pregnancy, childbirth, abortion	-	-	-
31.	Congenital malformations	1	-	1
32.	Other defined and ill-defined causes	8	8	16
33.	Motor vehicle accidents	-	-	-
34.	All other accidents	2	-	2
35.	Suicide	-	-	-
36.	Homicide and operations of war	-	-	-
		52	53	105



## GENERAL PROVISION OF HEALTH SERVICE

### General Medical Services

General medical services under Part IV of the National Health Service Act, 1946, are provided by medical practitioners resident in the district and in adjoining districts, all of whom undertake maternity medical services.

### County Council Services

- I Health Department. The County Council is the local health authority for the purposes of Part III of the National Health Service Act, 1946 and provides the following services in the district :-
- (a) Midwifery and Home Nursing: Nurse-midwives are provided to attend general nursing and midwifery cases in the home.
  - (b) Health Visiting: The nurse midwives act also as health visitors and, with special training in the care of the mother and young child, are available to give advice on health matters in the home or at the clinic. They act also as school nurses.
  - (c) Infant Welfare Centre: Monthly Infant Welfare Clinics are held at Camelford and St. Breward.
  - (d) Dental Clinic: Priority dental treatment for expectant and nursing mothers and pre-school children is available at the Dental Clinic at the Health Clinic, Launceston and at Camelford and Delabole.
  - (e) Vaccination and Immunisation: Facilities for vaccination against smallpox and immunisation against diphtheria and whooping cough are provided at the Infant Welfare Clinic or by the supply of materials to the family doctor. Regular sessions are held for poliomyelitis vaccination.
  - (f) Home Help Service: Home helps are employed to provide domestic help for households in certain circumstances, a charge being made for this service according to the means of the person concerned.
  - (g) Ambulance Service: A service of ambulances for the conveyance of sick, accident and emergency cases is provided. For sitting cases, utilecon sitting case vehicles are used. When appropriate, some cases are carried by the Hospital Car Service, a voluntary organisation. Day-to-day administration of the service is carried out from Ambulance Control, Bodmin.

(h) Prevention of Illness, Care and After-Care:

A full-time tuberculosis health visitor is provided for the care and after-care of tuberculous persons. District nurses are available to assist in the home treatment of such persons when required by the Chest Physician or family doctor. Certain special investigations are carried out in other types of illness by district health visitors, while health education is carried out by the County's medical and nursing staff.

(j) Mental Health: The County Council has certain responsibilities in connection with the ascertainment of mental ill-health and mental deficiency, with the provision of statutory supervision, etc. for mental defectives living in the community, and with the provision of after-care following treatment for mental illness. The Duly Authorised Officer for the District works from the Health Area Office, Launceston

II Education Department: As local education authority, the County Council is responsible for the School Health Service, which provides the following :-

Periodic Medical Inspection of pupils

Cleanliness Surveys of pupils

Dental Inspection and Treatment of pupils

Ascertainment of handicapped pupils in need of special education

Treatment Clinics as follows :-

Dental Clinic - alternate Wednesdays at Camelford and Delabole, and at Health Clinic, Launceston.

Speech Therapy - each Friday afternoon at Health Clinic, Launceston

Child Guidance - by arrangement at Plymouth Child Guidance Clinic.

III Welfare Department: This service is concerned with the welfare of the aged, and with that of various categories of handicapped persons. It is concerned also with the provision of temporary accommodation in certain circumstances for persons in urgent need thereof. The Welfare Officer for the district works from the Health Area Office, Launceston

Hospital Services

The South Western Regional Hospital Board is the hospital authority for the area.

In-patient and out-patient facilities are provided by the Royal Cornwall Infirmary, Truro, the East Cornwall Hospital, Bodmin, Launceston Hospital and hospitals in Plymouth and elsewhere. Cases of infectious disease are admitted to the Scott Isolation Hospital,



Plymouth and the Isolation Hospital, Truro, and tuberculosis patients to Tehidy or Didworthy Sanatoria. Mental hospital accommodation is provided by St. Lawrence's Hospital and Laninval House, Bodmin, and by Moorfields Hospital, Ivybridge, Devon.

An Orthopaedic Clinic is held weekly in Camelford, and physiotherapy clinics are held at Tavistock Hospital, Dawfield Hospital, Holsworthy and at Bodmin. Chest Clinic sessions are held at Launceston Hospital and at the East Cornwall Hospital, Bodmin. An ophthalmic clinic for school and pre-school children is held periodically at the Health Clinic, Launceston and at Camelford. A specialist ante-natal clinic is held at Launceston Health Clinic weekly.

#### Laboratory Facilities

These are provided by the Public Health Laboratories, Exeter and Plymouth, to which specimens for bacteriological examination are submitted.



SANITARY CIRCUMSTANCES OF THE DISTRICT

WATER SUPPLY

The Water Supplies of this district are supplied as follows :-

- (i) Direct by the District Council from sources operated by themselves.
- (ii) By bulk supplies from the North Cornwall Joint Water Board.
- (iii) By the North Cornwall Joint Water Board
- (iv) By the Bodmin Water Company
- (v) By private springs and wells.

DIRECT BY DISTRICT COUNCIL

Part of the parish of Lanteglos receives its water supply from shallow springs at Griggs Down, Davidstow. The various springs are collected and run without further treatment into three reservoirs having a total capacity of 52,000 gallons. The three reservoirs are linked and each can be operated independently and the trunk main (6") is tapped some 500 yards below the reservoir where the water is chlorinated and its pH adjusted to approximately 7.0. The supply caters for the whole of the built-up area of Camelford including the hamlets of Trevia, Tregoodwell and part of Valley Truckle.

The remainder of the parish of Lanteglos is served by bulk supply obtained from the North Cornwall Joint Water Board and piped supplies are available to the hamlets of Trefrew, Helstone, Trewalder and Pencarrow. Partially as a result of the contamination of the Council's gathering ground at Griggs Down, Davidstow and partially due to supplies not being sufficient during peak periods, connections have been made to the North Cornwall Joint Water Board's mains at Tregoodwell and Valley Truckle and it is now possible to supply, if necessary, the whole of the built-up area of Camelford from the North Cornwall Joint Water Board's mains.

In the combined parishes of Forrabury and Minster it is only the built-up area of Boscastle itself which enjoys a piped supply, the sources of which are surface springs situated in the Valley near Tredorne and Polrunny together with a new borehole which was brought fully into operation during the year.

The borehole was driven to a total depth of 200 feet and is capable of yielding 17,000 gallons per day.

None of the water supplies to the Boscastle area are treated but on chemical and bacteriological analyses they have proved to be satisfactory.

Owing to the wet season no shortages were met in the area under review but there is little doubt that in dry periods it is doubtful whether the combined resources are sufficient and I would suggest that

the time is fast approaching when further supplies will be required and no doubt the possibility of a main from Tintagel to Boscastle will be considered and this will also serve the hamlets of Trethevy and Trevalga en route.

Both areas are at present without any satisfactory piped supplies.

Part of the built-up area of the parish of St. Breward is supplied with water from surface springs at Churchtown and Rylands. In the first case the water is pumped by electric pumps to a reservoir at Churchtown with a capacity of 5,000 gallons and in the second case hydraulic rams are used to feed a reservoir at Penquite having a capacity of 10,000 gallons. These two reservoirs are linked and have approximately the same top water level and recently a considerable length of 2" main which was laid in 1924 is being replaced with a 3" main with the results of increased measures particularly to the higher parts of the village at Hill.

The Council supplies water only to the Churchtown, Rylands, Hill, Rowe, Penquite and Penforder areas.

The borehole sunk in 1955 at Tresparrett to provide the six Council houses with an adequate supply of water has proved most satisfactory and it would appear that the borehole could be used to supply a limited area in the northern part of the district.

#### BY BULK SUPPLIES FROM THE NORTH CORNWALL JOINT WATER BOARD

The Council receives bulk supplies from the North Cornwall Joint Water Board to the Michaelstow area including the hamlets of Michaelstow and Treveighan and to the hamlet of Pencarrow in Advent parish.

#### NORTH CORNWALL JOINT WATER BOARD

The North Cornwall Joint Water Board are responsible for the supply and delivery to the parishes of Tintagel and St. Teath and whilst their area does extend to the parish of Trevalga, there are no mains at present.

#### BODMIN WATER COMPANY

The Bodmin Water Company are responsible for the supply to the Limehead area of St. Breward.

#### PRIVATE SPRINGS AND WELLS

The remainder of the district has to rely on private springs and wells and there is, in my opinion, every possibility that many of these are not of a high standard either chemically or bacteriologically.



WATER SAMPLES 1958

A. Bacteriological

(i) Public Piped Supplies

Ministry of Health Classification

<u>District</u>	<u>Excellent Class 1</u>	<u>Satisfactory Class 2</u>	<u>Suspicious Class 3</u>	<u>Unsatisfactory Class 4</u>
Camelford	1	1	-	-
Boscastle	1	1	-	-
St. Breward	-	-	-	1
Tremail	1	-	-	-
	3	2	-	1

(ii) Private Supplies

	<u>Excellent Class 1</u>	<u>Satisfactory Class 2</u>	<u>Suspicious Class 3</u>	<u>Unsatisfactory Class 4</u>
St. Teath	1	-	-	-
Trethevy	1	-	-	1
Bossinney	-	1	-	-
	2	1	-	1
GRAND TOTALS	5	3	-	2

B. CHEMICAL

(i) Public Supplies Analysis

	<u>Camelford</u>
pH Value	6.1
Turbidity	3
Temp. Hardness	25
Perm. Hardness	0
Chlorine as Chlorides	15
Total Solids	85
O.A. in 4 hours at 27°C.	0.30
Nitrogen as nitrites	Absent
Nitrogen as nitrates	3.2

All figures other than those for hP value, are expressed in parts per million.



### SEWERAGE AND SEWAGE DISPOSAL

The Council has sewerage schemes in the parishes of Camelford, Tintagel, Boscastle, St.Breward, Delabole and St. Teath and Treknow.

At Tintagel and Boscastle the raw sewage discharges into the sea and no trouble has been experienced.

During 1958, the new St.Breward sewerage scheme completed its first full year of operation with every sign of settling down to satisfactory working.

As mentioned in my 1957 report, the present system of sewers and disposal works serving Camelford have been inadequate for many years and during the year under review, Stage I of the scheme of reconstruction and modernisation of the whole system was completed. This stage consisted of the replacing of a 7" sewer in the bed of the River by a 9" sewer along the backs of properties abutting on the River together with the renewal of the main from the Bridge to the Sunnyside Hotel, Victoria Road. The preparation of plans for the remainder of the comprehensive scheme, which includes the sewerage of the hamlets of Trevia and Tregoodwell, together with the completely new works, is well in hand and the work is estimated to cost £28,000.

### Public Cleansing

A comprehensive scheme covering approximately 90% of the properties in this district is in operation for the collection and disposal of house and trade refuse. Five tips are in operation and none appear to give rise to nuisance, although owing to the nature of the tipping areas it is not possible for controlled tipping to be carried out.

The emptying of cesspits and septic tanks is carried out by a private company and this arrangement appears to be satisfactory in every way.

### Prevention of Damage by Pests Act, 1949

The Council, together with the neighbouring authorities of Wadebridge Rural District and Padstow U.D. operate a joint scheme, which runs smoothly and efficiently.

HOUSING

It is no longer necessary for detailed housing statistics to be given in Annual Reports of Medical Officers of Health, as these figures are returned by local authorities to the Minister of Housing and Local Government in quarterly reports. It should be mentioned, however, that six houses were found to be unfit for human habitation and a further 30 found to be not in all respects reasonably fit for habitation. 24 houses were rendered fit in consequence of informal action.

During the year, the work of improvement of Council properties was maintained.

The Council continued to give detailed and meticulous consideration to each application for an improvement grant, and the award of these grants in appropriate cases has undoubtedly rescued some properties which would otherwise have become liable to demolition in the space of a few years. The work of the Improvement Grants Sub-Committee is well justified.

If a slum clearance programme is carried out, it will mean a considerable amount of administrative work in this department and to expedite this, it would certainly seem that additional staff will have to be employed for a limited period.

If such a programme is put into operation, it appears that the most economical method would be to deal with the larger parishes where housing land is available and to build in larger numbers than heretofore, which should reduce considerably the total cost per new dwelling.



NATIONAL ASSISTANCE ACTS, 1948 and 1951

Section 47 of the National Assistance Act, 1948 deals with the removal to suitable premises of persons in need of care and attention. It places on the Council the duty of securing the necessary care and attention for persons who :

- (a) are suffering from grave chronic disease or, being aged, infirm or physically incapacitated, are living in insanitary conditions, and
- (b) are unable to devote to themselves, and are not receiving from other persons, proper care and attention.

The action is taken on the certificate of the medical officer of health, and involves the making of an order, by a court of summary jurisdiction, for the removal of the person concerned to a suitable hospital or other place. The order is effective for up to three months and is renewable by the court for similar periods. It applies mainly to aged persons living in insanitary surroundings to whom the other conditions of the section apply, and is taken, as a rule, only after the failure of all efforts to persuade the individual to enter voluntarily some institution where the necessary care and attention are available.

The National Assistance (Amendment) Act, 1951, modifies the procedure to allow of the removal of such persons in conditions of urgency on the order of a single magistrate after the submission of certificates by the medical officer of health and one other medical practitioner, for a maximum period of three weeks. This period may be extended, if necessary, by the action laid down by Section 47 of the main Act.

It was unnecessary to take any action under these Acts during the year.



INSPECTION AND SUPERVISION OF FOOD

1. Milk

Under the Milk (Special Designations) (Pasteurised and Sterilised) Milk Regulations, 3 licences were issued to traders outside the area to sell raw tuberculin tested milk in the area. 3 licences were also issued to enable dealers whose premises are within the District to sell milk under the Special Designation Pasteurised Regulations.

2. Ice-Cream

There are 30 premises registered for the sale and storage of ice-cream and of these only one manufactures the product. It is now possible for Local Authorities to exercise more stringent control over ice-cream manufacturers and mainly due to the co-operation of the trade, the day of the individual manufacture of ice-cream has disappeared in favour of the five or more larger manufacturers.

3. Condemnation of Unsound Food

During 1958 the quantity of food condemned was as follows :-

	<u>Qrts.</u>	<u>lbs.</u>
Tinned Shoulder Ham	1	25
" Luncheon Meat		4
" Pork Luncheon Meat		11 $\frac{1}{4}$
" Corned Beef		6
" Minced Pork		1
" Prunes		3 $\frac{1}{2}$
" Peaches		2
" Tomatoes		13 $\frac{1}{2}$
15 Ducks	2	21
	<hr/> 6	<hr/> 3 $\frac{1}{4}$ <hr/>

4. Meat Inspection

There are no licensed slaughterhouses in the District, the majority of home-killed meat being supplied from Launceston and Wadebridge, all of which is inspected at the Abattoir. The butchers' shops in the District on the whole are satisfactory.

FACTORIES ACT, 1937

Classified List of Registered Factories  
as at 31st December, 1958

<u>Nature of Employment</u>	<u>Power</u>	<u>Non-Power</u>
1. Blacksmiths	-	2
2. Motor Repairs, Garages	7	4
3. Carpentry, Joinery and Sawmills	3	4
4. Monumental Masons	1	-
5. Plumbers	-	-
6. Bakeries	3	-
7. Coach Painters	-	-
8. Granite Works	2	-
9. Knitwear	-	1
10. Bootmaker, Harness and Boot Repairs	1	1
11. Pottery Manufacturing	2	-
12. Cheese	1	-
13. Processing Slate Granules	1	-
14. Engineering	1	-
15. Concrete Products	2	-
16. Egg Grading and Packing	2	-
17. Cabinet Maker	-	1
18. Animal Foodstuffs	1	-
19. Domestic Electrical Repairs	1	-

Prescribed Particulars on the Administration  
of the Factories Act, 1937 for the year 1958

Factories Acts 1937 and 1948

	<u>Number</u>	<u>Inspections</u>	<u>Notices</u>
Factories without power	13	37	-
Factories with power	28	29	-
Other premises	9	24	-
	50	90	-



PREVALENCE OF, AND CONTROL OVER, INFECTIOUS  
AND OTHER DISEASES

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The infectious diseases which are statutorily notifiable to the Medical Officer of Health are the following :- Smallpox, cholera, diphtheria, membranous croup, erysipelas, scarlet fever, typhus fever, typhoid fever, paratyphoid fever, relapsing fever, plague, poliomyelitis, tuberculosis, malaria, dysentery, puerperal pyrexia, ophthalmia neonatorum, acute primary pneumonia, acute influenzal pneumonia, whooping cough, measles, acute encephalitis, meningococcal infection and food poisoning.

The monthly incidence of infectious disease is shown in Table III.

Smallpox. No case was reported during the year, during which 58 primary vaccinations and 4 re-vaccinations were carried out.

Diphtheria. No cases were notified during the year. 76 children received a complete course of primary immunisation, the triple antigen against diphtheria whooping cough and tetanus being used in almost all cases.

Measles. 5 cases were notified during 1958.

Whooping Cough. One case of this infection was notified during the year. This child had been immunised against the disease.

Poliomyelitis. One case of paralytic poliomyelitis was notified in June. The patient was a child on holiday in the district and was admitted to the isolation hospital. The family, making the district their centre, had toured extensively during the incubation period of the infection and the possibility that the child had acquired the infection before leaving home could not be entirely dismissed. The source of the infection was not discovered and no further cases occurred.

In August, a young person, on a camping holiday at a youth camp in the district, was admitted to the isolation hospital with suspicious symptoms, and a number of other campers, contacts of the first, were also admitted to the isolation hospital with mild febrile symptoms, as a precautionary measure. The diagnosis of poliomyelitis was not confirmed in any case, all the patients being found to be suffering from feverish colds.

Vaccination against poliomyelitis was continued, a further extension of the scheme being announced towards the end of the year, to include all those born since the beginning of 1933, and introducing third or booster injections for those who had completed the initial course of two injections. During 1958, 751 persons received two injections. The majority of these were children, but the number included some young adults as well as other adults, e.g. expectant mothers, in the priority groups. By the end of the year, a total of 976 persons in the Rural District had received two injections since the beginning of the scheme in 1956.



Food Poisoning. No case of food poisoning was notified during the year.

Tuberculosis.

	<u>Males</u>		<u>Females</u>	
	<u>Pul.</u>	<u>Non.Pul.</u>	<u>Pul.</u>	<u>Non.Pul.</u>
Cases on Register 31.12.57	25	6	14	2
No. of cases notified during the year	2	-	2	-
Cases Restored	-	-	-	-
Inward Transfers	-	-	-	-
Cases Removed	5	-	2	-
Total on Register 31.12.58	22	6	14	2

No action was found to be necessary under the Public Health (Prevention of Tuberculosis) Regulations, 1925, in connection with persons suffering from pulmonary Tuberculosis employed in the milk trade, or under Section 172 of the Public Health Act, 1936, which deals with the compulsory removal to hospital of persons suffering from Tuberculosis,

The Regional Hospital Board is responsible for treatment of Tuberculosis patients and the County Council for the prevention of spread of the disease and after-care of the patients.

Out-patients and contacts are seen by the Chest Physicians at the Chest Clinics at Launceston Hospital, and East Cornwall Hospital, Bodmin. The County Council Tuberculosis Health Visitors attend the Clinics, follow up the patients in their homes, trace contacts and sources of infection and thus acting as most valuable and essential "liason officers" between the curative and preventive services, bridge a most alarming gap.

All susceptible contacts in the District are offered B.C.G. Vaccination, and most avail themselves of this method of protection.

The scheme for B.C.G. Vaccination of susceptible school leavers continued during the year, again with an excellent response.

OTHER DISEASES

Cancer of the Lung. During 1958, a further two deaths, both of males, were certified as being due to cancer of the lung, the total number of deaths from all forms of cancer during the year being 27, 10 male and 17 female. This brings the total of deaths from this form of cancer since 1949 to 11, 8 male and 3 female. During the same period, there have been 59 male and 85 female deaths from all forms of cancer. The lung cancer deaths, therefore, are not a negligible proportion of the total. It should be borne in mind that these are deaths only. Nothing is known of the number who may be under treatment for the disease, or under observation following treatment.

The association of this disease with smoking, and particularly with cigarette smoking, is now established. No disease has ever excited such intense interest, nor has any had such widespread publicity. No form of cancer has ever offered such an opportunity to the individual for prevention. There can be no adult or adolescent in the Western Hemisphere who has not experienced the propaganda in this connection, yet the tobacco habit still retains its hold.

Youth thinks itself indestructible, and the young do not concern themselves with such a remote possibility as death. Adult example is more powerful in its silent advocacy of the smoking habit than the most beguiling advertisement produced by a tobacco manufacturer. The adolescent apes his elders, and the adoption of smoking is a symbol of his new-found freedom from the restraints of childhood. The adult smoker who cannot free himself from the habit may do well to reflect that it is not only his own health which may be at stake, but also that of children still in the classroom.

TABLE I

TUBERCULOSIS

Age and Sex Distribution of Cases and  
Deaths 1958

<u>Age Groups</u>	<u>New Cases</u>				<u>Deaths</u>			
	<u>Pul.</u>		<u>Other</u>		<u>Pul.</u>		<u>Other</u>	
	M	F	M	F	M	F	M	F
0 -	-	-	-	-	-	-	-	-
1 -	-	-	-	-	-	-	-	-
5 -	-	-	-	-	-	-	-	-
15 -	1	-	-	-	-	-	-	-
20 -	-	-	-	-	-	-	-	-
25 -	-	2	-	-	1	-	-	-
35 -	-	-	-	-	-	-	-	-
45 -	-	-	-	-	-	-	-	-
55 -	1	-	-	-	-	-	-	-
65 and over	-	-	-	-	-	-	-	-
Age unknown	-	-	-	-	-	-	-	-

TABLE II

VITAL STATISTICS

<u>YEAR</u>	<u>POPULATION</u> (Estimated)	<u>BIRTHS</u>		<u>DEATHS</u>			
		<u>Number</u>	<u>Crude Rate</u>	<u>Under 1 year</u>		<u>All Ages</u>	
				<u>Number</u>	<u>Rate</u>	<u>No.</u>	<u>Rate</u>
1954	7,380	107	14.49	1	9.34	87	11.78
1955	7,340	88	12.26	3	33.33	101	13.76
1956	7,300	76	10.41	-	-	90	12.33
1957	7,260	94	12.94	1	10.63	77	10.66
1958	7,220	105	14.54	7	66.66	105	14.54



TABLE III

Monthly Incidence of Notifiable Diseases (other than Tuberculosis)

	<u>Jan.</u>	<u>Feb.</u>	<u>Mar.</u>	<u>Apr.</u>	<u>May</u>	<u>June</u>	<u>July</u>	<u>Aug.</u>	<u>Sept.</u>	<u>Oct.</u>	<u>Nov.</u>	<u>Dec.</u>	<u>TOTAL</u>
Whooping Cough	-	-	-	-	-	-	-	-	-	-	1	-	1
Measles	-	-	-	-	-	-	4	1	-	-	-	-	5
Poliomyelitis (Paralytic)	-	-	-	-	-	1	-	-	-	-	-	-	1
	-	-	-	-	-	1	4	1	-	-	1	-	7



